Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name:
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number:
M4-13-1625-01

MDFR Received Date
FEBRUARY 11, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…I was injured on the job on December 3, 2011… And since there was no dentist in the area I had to pay out of my pocket to have my tooth taken care of. I do not belive for one that I should have had to pay for this myself I think the insurance should pay me the rest of the money that I had to pay for out of my pocket. This again was an injury on the job and I should NOT be out any money…"

Amount in Dispute: $147.75

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In order to resolve this fee reimbursement dispute Texas Mutual Insurance Company has elected to pay the disputed amount."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 270, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 4, 2012	Out-of-Pocket Expenses	$147.75	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 100 – Payment made to patient/insured/responsible pary/employer.
   - 908 – Employee may only pursue reimbursement for medical in the amount payable under rule 133.270

Issues

1. Were the Out-of-Pocket expenses reimbursed by the insurance carrier?
2. Is the requestor entitled to reimbursement?

Findings

1. The injured employee is seeking reimbursement for out-of-pocket expenses incurred for the compensable injury of December 3, 2011. The insurance carrier has submitted copies of check number 10930984 dated March 29, 2013 in the amount of $137.75 and check number 10954573 dated May 28, 2013 in the amount of $10.00 for a total of $147.75 in payments to the injured worker.
2. In accordance with 28 Texas Administrative Code §133.307(e)(3)(A) The Division has determined the insurance carrier has paid the out-of-pocket expenses.

Conclusion

For the reasons stated above, the division finds that the requestor has been reimbursed and additional reimbursement is not due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	May Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.